

Approved For Release 2006/08/10 : CIA-RDP70-00211R000700120004-6

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REPORT SURVEY		1. DATE OF SURVEY	2. TYPE OF REPORT	
			REQUIRED	PREPARED
3. PERSON TO CONTACT REGARDING REPORT	NAME	COMPONENT	ROOM NO. AND BLDG.	PHONE
4. REPORT TITLE				
5. AUTHORITIES OR DIRECTIVES REQUIRING THIS REPORT				
6. REPORTING FREQUENCY (Daily, weekly, monthly, as situations occur, etc.)		7. REPORT FORMAT (Form no., memorandum, machine tabulation, etc.)		
8. DATE REPORT IS DUE		9. NUMBER OF REPORTS RECEIVED/PREPARED ANNUALLY IF REPORT IS A "SITUATION" REPORT		
10. OFFICES OR ACTIVITIES REQUIRED TO SUBMIT THIS REPORT		11. DISTRIBUTION OF THIS REPORT ORIGINAL: COPIES:		
12. ESTIMATE OF THE NUMBER OF MAN HOURS REQUIRED TO PREPARE THIS REPORT ONE TIME. INCLUDE MAN HOURS REQUIRED AT ALL LEVELS TO MAINTAIN RECORDS, COLLECT DATA, PREPARE FEEDER REPORTS, AND COMPILE THE FINAL REPORT.				
13. COMPLETE THE FOLLOWING AS APPROPRIATE TO EITHER A "REQUIRED" OR "PREPARED" REPORT. OR BOTH, USING SPACE 14 IF NECESSARY.				YES NO
A. DOES THIS REPORT DUPLICATE IN WHOLE OR IN PART ANY OTHER REPORT? IF SO PLEASE EXPLAIN.				
B. IS THE INFORMATION REPORTED IN MORE DETAIL, SUBMITTED MORE FREQUENTLY, OR GIVEN WIDER DISTRIBUTION THAN IS CONSIDERED NECESSARY TO SERVE THE PURPOSES FOR WHICH THE REPORT WAS ESTABLISHED?				
C. IS THIS REPORT THE RESULT OF AN ADMINISTRATIVE OR PROCEDURAL PROBLEM WHICH SHOULD BE CORRECTED RATHER THAN REPORTED ON?				
D. COULD THE PURPOSES OF THIS REPORT BE SERVED BY DIRECT SUPERVISION OR INSPECTION, OR BY BRIEFINGS, STAFF MEETINGS, ETC.?				
E. HAS OFFICE ROUTINE EVER BEEN DISRUPTED OR HAS OVERTIME EVER BEEN REQUIRED TO MEET THE SUBMISSION DATE FOR THIS REPORT?				
F. DO YOU RECOMMEND THAT THE FORM OR FORMAT OF THIS REPORT BE REVISED WITH RESPECT TO: (1) SPACING? (2) WEIGHT OF PAPER? (3) POSSIBLE ELIMINATION OF TRANSMITTAL CORRESPONDENCE?				
G. IF THE REPORT IS REPRODUCED BY MIMEOGRAPH, DITTO, MULTILITH, ETC., DO YOU RECOMMEND THE PROCUREMENT OF REPRODUCIBLE MASTERS WITH HEADINGS, LINES, ETC. PREPRINTED THEREON TO EXPEDITE PREPARATION OF THE REPORT?				
H. WOULD YOUR OFFICE DISCONTINUE: (1) MAINTAINING (2) COMPILING THE DATA BEING SUBMITTED IN THIS REPORT IF THE REQUIREMENT FOR ITS SUBMISSION WERE RESCINDED?				

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14. REMARKS (If you require this report, briefly state its purpose, and fully justify its continuance. State any contemplated action for continuing the report. Consider changes in conditions since the report was established. If you prepare this report, furnish a general opinion of its value. Cite any evidence or lack of evidence that the report is worth its cost. Recommend any improvements, including methods for preparing and submitting the report.)

☐ CONTINUED ON SEPARATE SHEET

REVIEW BY CHIEF OF COMPONENT

RECOMMENDATIONS

☐ CONTINUED ON SEPARATE SHEET

DATE	TITLE	SIGNATURE
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Figure 2

REQUEST FOR APPROVAL OF NEW OR REVISED REPORTING REQUIREMENT				DATE OF REQUEST	
TO:					
THROUGH:					
1. PERSON TO CONTACT REGARDING REPORT		NAME		ROOM NO.	BUILDING
PHONE					
2. TITLE OF REPORT AND REPORTS CONTROL SYMBOL IF ONE HAS BEEN ASSIGNED					
3. TYPE OF REPORTING REQUIREMENT		4. IF REVISED, STATE NATURE OF REVISION			
NEW					
REVISED					
5. LIST ANY REPORTS TO BE SUPERSEDED BY THIS NEW OR REVISED REPORTING REQUIREMENT				6. PROPOSED DURATION OF REPORT	
				INDEFINITE	
				TEMPORARY (Indicate period)	
7. CITE DIRECTIVES, AUTHORITIES OR INSTRUCTIONS ORIGINATED BY YOUR IMMEDIATE ORGANIZATIONAL ELEMENT WHICH REQUIRE THIS REPORT					
8. CITE OTHER CURRENT DIRECTIVES, AUTHORITIES OR INSTRUCTIONS AFFECTING THE REPORT					
9. REPORT FORMAT (Form no., memo, machine tabulation, etc.)		10. REPORTING FREQUENCY (Daily, weekly, monthly, as situations occur, etc.)		11. DATE REPORT IS DUE IN YOUR OFFICE	
12. DESCRIBE SUPPORTING MATERIAL TO BE SUBMITTED WITH REPORT					
13. ACTIVITIES OR COMPONENTS REQUIRED TO SUBMIT THIS REPORT				14. DISTRIBUTION OF REPORT	
				ORIGINAL	
				COPIES	

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15. DETAILED NEED FOR AND USE OF THIS REPORT (Include a statement of how your program or problem would be affected if the information you desire was not furnished.)

☐ CONTINUED ON SEPARATE SHEET

REVIEW BY CHIEFS OF COMPONENTS

RECOMMENDATIONS

☐ CONTINUED ON SEPARATE SHEET

DATE	TITLE	SIGNATURE
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RECOMMENDATIONS

☐ CONTINUED ON SEPARATE SHEET

DATE	TITLE	SIGNATURE
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<input type="checkbox"/>	RETURNED APPROVED	REPORTS CONTROL SYMBOL ASSIGNED	DATE
<input type="checkbox"/>	RETURNED DISAPPROVED	TITLE	SIGNATURE
<input type="checkbox"/>	COMMENTS ARE ATTACHED		

Figure 3

1. REPORT TITLE		2. SUBJECT CODE	
		3. CONTROL SYMBOL	
		4. TYPE OF REPORT	
5. FREQUENCY		6. DUE DATE	
		7. SHOULD BE LISTED	
		YES	
		NO	
8. FORM NO. OR FORMAT			
9. DIRECTIVE REQUIRING SUBMISSION OF THE REPORT			
10. OTHER CURRENT DIRECTIVES OR INSTRUCTIONS AFFECTING THE REPORT			
11. OFFICES OR ACTIVITIES REQUIRED TO PREPARE THE REPORT			
12. DISTRIBUTION			
FORM NO. 1 DEC 55 855		REPORTS REFERENCE	
		(35)	

Figure 3

SAMPLE FORM MEMORANDUM FOR INITIATING A REAPPRAISAL OF REPORT

MEMORANDUM FOR: (Chief of the organizational element which
requires or prepares the report)

SUBJECT: (Title and reports control symbol of the report)

REFERENCE: (Directive which requires the report)

1. One of the functions of our Reports Management Program is the periodic reappraisal of requirements for reports. In this manner nonessential reporting is disclosed and eliminated, and essential reporting systems are further improved.

2. Our records indicate that your organization (prepares/ requires) this report in accordance with the referenced authority. Your assistance in reappraising the report is therefore requested. Please have the member of your staff responsible for this report complete the enclosed Report Survey forms and return one copy to us within ten days. Any directives, correspondence, instructions, revised forms or other material concerning this report which have not been furnished us should also be forwarded.

3. The enclosed form contains questions which provide criteria for evaluating the report. Additional guidance may be found in the pamphlet "Analyzing Requirements for Administrative and Management Reports," obtainable from our office. For this pamphlet or for further information please call us on extension 1234.


Reports Management Officer

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Enclosure:
Form No. 521 (2)

REPORTS / FORMS ANALYSIS CHART OF RECURRING DATA

REPORTS MANAGEMENT BRANCH		TITLE OF FORM											PAGE 1 OF 1 PAGES 1				
ACTIVITY	DATE OF ANALYSIS	ANALYZED BY	ITEMIZED DATA	Employee's Notice of Injury or Disease of Official Superior's Report of Injury	Claim for Compensation	Report of Injury	FORM NO. CA-1	FORM NO. CA-2	FORM NO. CA-4	FORM NO. 379	FORM NO.	FORM NO.	FORM NO.	FORM NO.	FORM NO.	FORM NO.	TOTAL
1	Name of employee			X	X	X	X	X	X	X							4
2	Place of employment			X	X	X	X	X	X	X							4
3	Time of injury			X	X	X	X	X	X	X							4
4	Place where injury occurred			X	X	X	X	X	X	X							4
5	Cause of injury			X	X	X	X	X	X	X							4
6	Nature of injury			X	X	X	X	X	X	X							4
7	Names of witnesses			X	X	X	X	X	X	X							3
8	Statements of witnesses				X												1
9	Attending physician's report				X	X	X	X	X	X							3
10																	
11																	
TOTAL				7	9	7	8										31

REPLACES WD AGO FORM 554, 20 APR 44, WHICH MAY BE USED.

DD FORM 85 1 OCT 49

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